

Fill in this information to identify the case:

Debtor 1	CHANG HUA WANG
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN District of PENNSYLVANIA
Case number	20-12013-JKF

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filets must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Department of Treasury - Internal Revenue Service Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Internal Revenue Service Name _____ P.O. Box 7346 Number Street _____ Philadelphia PA 19101-7346 City State ZIP Code _____ Contact phone 1-800-973-0424 Contact email _____ Creditor Number: 14494592	Where should payments to the creditor be sent? (if different) Internal Revenue Service Name _____ P.O. Box 7317 Number Street _____ Philadelphia PA 19101-7317 City State ZIP Code _____ Contact phone 1-800-973-0424 Contact email _____	
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) 4 Filed on 05/15/2020 MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment _____

7. How much is the claim? \$ 1,503.00 Does this amount include interest or other charges?

No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Taxes _____

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: *All of debtor(s) right, title and interest to property - 26 U.S.C. §6321.

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. **Amount necessary to cure any default as of the date of the petition.** \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: See Attachment _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Check one:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">\$ _____</td> </tr> <tr> <td style="padding-top: 5px;">\$ _____</td> </tr> <tr> <td style="padding-top: 5px;">\$ _____</td> </tr> <tr> <td style="padding-top: 5px;">\$ 1,503.00</td> </tr> <tr> <td style="padding-top: 5px;">\$ _____</td> </tr> <tr> <td style="padding-top: 5px;">\$ _____</td> </tr> </tbody> </table>	Amount entitled to priority	\$ _____	\$ _____	\$ _____	\$ 1,503.00	\$ _____	\$ _____
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\$ _____										
\$ _____										
\$ _____										
\$ 1,503.00										
\$ _____										
\$ _____										
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>										
<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p>										
<p><input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p>										
<p><input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p>										
<p><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 1,503.00</p>										
<p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p>										
<p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____</p>										

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/25/2021
MM / DD / YYYY

/s/ ANNA MARIA AMENTA

Signature

Print the name of the person who is completing and signing this claim:

Name	ANNA MARIA	AMENTA
	First name	Middle name
Title	Bankruptcy Specialist	
Company	Internal Revenue Service	
Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	600 ARCH STREET	
	Number Street	
	PHILADELPHIA	PA 19106-1611
Contact phone	City	State ZIP Code
	(267) 941-6288	Email <u>AnnaMaria.B.Amenta@irs.gov</u>

Proof of Claim for Internal Revenue Taxes



Form 410
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: CHANG HUA WANG
1001 MAYFLOWER DRIVE
QUAKERTOWN, PA 18951

Case Number 20-12013-JKF
Type of Bankruptcy Case CHAPTER 13
Date of Petition 04/16/2020

Amendment No. 3 to Proof of Claim dated 05/15/2020

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims		under section 507(a)(8) of the Bankruptcy Code				
Taxpayer ID		Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
Number						
XXX-XX-2333	INCOME		12/31/2017	12/07/2020	\$0.00	\$0.00
XXX-XX-2333	INCOME		12/31/2018	12/07/2020	\$0.00	\$0.00
XXX-XX-2333	INCOME		12/31/2019	08/17/2020	\$1,503.00	\$0.00
					\$1,503.00	\$0.00
Total Amount of Unsecured Priority Claims:					\$1,503.00	